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| B1 (Official Form 1)(12/07)   |                          |                                |                                    |   |                          | 9                               |  |                              |  |                              |
|---|--------------------------|--------------------------------|------------------------------------|---|--------------------------|---------------------------------|--|------------------------------|--|------------------------------|
| U   | nited S<br>North         |                                |                                    | ruptcy<br>f New Y                         |                          |                                 |  |                              | Voluntar   | y Petition                   |
| Name of Debtor (if individual, enter I<br>Migliaccio, Francis C.                  | Last, First, I           | Middle):                       |                                    |   | Name                     | of Joint De                     | ebtor (Spouse                                    | e) (Last, First,             | , Middle):   |                              |
| All Other Names used by the Debtor i<br>(include married, maiden, and trade na    | ames):                   |                                |                                    |   |                          |                                 | used by the a                                    |                              | in the last 8 years                                    |                              |
| AKA Francis Migliaccio D.O.,<br>Center  | P.C.; DB                 | A Franc                        | cis Eye &                          | Laser                                     |                          |                                 |  |                              |  |                              |
| Last four digits of Soc. Sec./Complete xxx-xx-1600                                | EIN or oth               | ier Tax II                     | D No. (if mo                       | re than one, stat                         | e all) Last f            | our digits o                    | f Soc. Sec./C                                    | omplete EIN                  | or other Tax ID No.                                    | (if more than one, state all |
| Street Address of Debtor (No. and Str<br>10 Wildwood Road<br>New Hartford, NY     | eet, City, ar            | nd State):                     | :                                  |   | Street                   | Address of                      | Joint Debtor                                     | (No. and Str                 | reet, City, and State):                                |                              |
| ,   |                          |                                | Г                                  | ZIP Code<br>13413                         |                          |                                 |  |                              |  | ZIP Code                     |
| County of Residence or of the Princip<br>Oneida                                   | oal Place of             | Business                       |                                    | 10110                                     | Coun                     | ty of Reside                    | ence or of the                                   | Principal Pla                | ace of Business:                                       |                              |
| Mailing Address of Debtor (if differer  | nt from stre             | et address                     | s):                                |   | Maili                    | ng Address                      | of Joint Debt                                    | tor (if differen             | nt from street address                                 | i):                          |
|   |                          |                                | Г                                  | ZIP Code                                  |                          |                                 |  |                              |  | ZIP Code                     |
| Location of Principal Assets of Busine<br>(if different from street address above |                          |                                |                                    |   |                          |                                 |  |                              |  |                              |
| Type of Debtor  |                          |                                |                                    | of Business                               |                          |                                 |  |                              | otcy Code Under Wi                                     | nich                         |
| (Form of Organization)<br>(Check one box)   |                          | ☐ Heal                         | Check)<br>th Care Bu               | one box)                                  |                          | ☐ Chapt                         |  | Petition is Fi               | led (Check one box)                                    |                              |
| Individual (includes Joint Debtors  | )                        | ☐ Sing                         |                                    | eal Estate as                             | defined                  | fined Chapter 9                 |  |                              |  |                              |
| See Exhibit D on page 2 of this for   | ,                        | ☐ Railr                        | road                               | 101 (31 <b>b</b> )                        |                          |                                 |  |                              |  |                              |
| ☐ Corporation (includes LLC and LI  | LP)                      | _                              | kbroker<br>modity Bro              | oker                                      |                          | Chapt                           |  | _                            | a Foreign Nonmain                                      | C                            |
| ☐ Partnership ☐ Other (If debtor is not one of the above                          | vo antitios              | ☐ Clea                         | ring Bank                          |   |                          |                                 |  | NT /                         | 6D 14  |                              |
| check this box and state type of entity   |                          | Othe                           |                                    | mpt Entity                                |                          |                                 |  |                              | e of Debts<br>c one box)                               |                              |
|   |                          |                                | (Check box                         | , if applicable                           | e)                       |                                 | are primarily co                                 |                              |  | bts are primarily            |
|   |                          | unde                           | er Title 26 o                      | exempt org<br>of the Unite<br>nal Revenue | d States                 | "incurr                         | d in 11 U.S.C. sed by an indivioual, family, or  | idual primarily              | for  | siness debts.                |
| Filing Fee  Full Filing Fee attached  | (Check one               | box)                           |                                    |   |                          | one box:<br>Debtor is           |  | Chapter 11<br>less debtor as | <b>Debtors</b> defined in 11 U.S.C                     | . § 101(51D).                |
| ☐ Filing Fee to be paid in installmen   |                          |                                |                                    |   | Chec                     |                                 | not a small b                                    | usiness debto                | or as defined in 11 U.                                 | S.C. § 101(51D).             |
| attach signed application for the co<br>is unable to pay fee except in insta      |                          |                                |                                    |   | or   $\square$           | Debtor's                        | aggregate noi                                    | ncontingent li               | iquidated debts (exclusive \$2,190,000.                | ading debts owed             |
| Filing Fee waiver requested (appliattach signed application for the co            |                          |                                |                                    |   |                          | all applica                     | ble boxes:                                       |                              |  |                              |
| attach signed application for the co  | ourt's const             | deration.                      | Sec Official                       | Torm 3B.                                  |                          | Acceptan                        | being filed w<br>ces of the pla<br>creditors, in | n were solici                | on.<br>ted prepetition from o<br>vith 11 U.S.C. § 1126 | one or more 5(b).            |
| Statistical/Administrative Informati  Debtor estimates that funds will be         |                          | for distrik                    | oution to u                        | nsecured cre                              | editors                  |                                 |  | THIS                         | SPACE IS FOR COUR                                      | T USE ONLY                   |
| Debtor estimates that, after any ex there will be no funds available fo           | empt prope               | rtv is exc                     | cluded and                         | administrat                               |                          | es paid,                        |  |                              |  |                              |
| Estimated Number of Creditors   | ] [                      | ]                              |                                    |   |                          |                                 |  | ]                            |  |                              |
| 1- 50- 100- 2   | 200- 1                   | ,000-                          | 5,001-<br>10,000                   | 10,001-<br>25,000                         | 25,001-<br>50,000        | 50,001-<br>100,000              | OVER<br>100,000                                  |                              |  |                              |
| Estimated Assets  | ] [                      | 1                              |                                    |   |                          |                                 |  | ]                            |  |                              |
| \$0 to \$50,001 to \$100,001 to \$<br>\$50,000 \$100,000 \$500,000 to             | \$500,001 \$<br>o \$1 to | 1,000,001<br>5 \$10<br>hillion | \$10,000,001<br>to \$50<br>million | \$50,000,001<br>to \$100<br>million       |                          | \$500,000,001<br>to \$1 billion | More than  |                              |  |                              |
| Estimated Liabilities   |                          |                                | _                                  | _   | _                        | П                               | п  | 1                            |  |                              |
| \$0 to \$50,001 to \$100,001 to \$  |                          | 1,000,001<br>0 \$10            | \$10,000,001<br>to \$50            | \$50,000,001<br>to \$100                  | \$100,000,00<br>to \$500 | \$500,000,001<br>to \$1 billion |  |                              |  |                              |

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**B1** (Official Form 1)(12/07) Page 2 Name of Debtor(s): Voluntary Petition Migliaccio, Francis C. (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Location Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). X /s/ David J. Gruenewald ☐ Exhibit A is attached and made a part of this petition. December 26, 2007 Signature of Attorney for Debtor(s) (Date) David J. Gruenewald Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

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#### Page 3 of 45 Document **B1** (Official Form 1)(12/07) Page 3 Name of Debtor(s): **Voluntary Petition** Migliaccio, Francis C. (This page must be completed and filed in every case) Signatures Signature(s) of Debtor(s) (Individual/Joint) Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this I declare under penalty of perjury that the information provided in this petition petition is true and correct. is true and correct, that I am the foreign representative of a debtor in a foreign If petitioner is an individual whose debts are primarily consumer debts and proceeding, and that I am authorized to file this petition. has chosen to file under chapter 7] I am aware that I may proceed under (Check only one box.) chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief ☐ I request relief in accordance with chapter 15 of title 11. United States Code. available under each such chapter, and choose to proceed under chapter 7. Certified copies of the documents required by 11 U.S.C. §1515 are attached. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b). ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting I request relief in accordance with the chapter of title 11, United States Code, recognition of the foreign main proceeding is attached. specified in this petition. X /s/ Francis C. Migliaccio Signature of Foreign Representative Signature of Debtor Francis C. Migliaccio Printed Name of Foreign Representative Signature of Joint Debtor Date Telephone Number (If not represented by attorney) Signature of Non-Attorney Bankruptcy Petition Preparer December 26, 2007 I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for Date compensation and have provided the debtor with a copy of this document Signature of Attorney\* and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services X /s/ David J. Gruenewald chargeable by bankruptcy petition preparers, I have given the debtor notice Signature of Attorney for Debtor(s) of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. David J. Gruenewald Official Form 19 is attached. Printed Name of Attorney for Debtor(s) David J. Gruenewald, Esq. Printed Name and title, if any, of Bankruptcy Petition Preparer Firm Name PO Box 69 Manlius, NY 13104 Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition Address preparer.)(Required by 11 U.S.C. § 110.) Email: dgruenewald@gruenewaldlaw.com 315-637-5033 Fax: 315-637-2791 Telephone Number December 26, 2007 Address Date \*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. Date Signature of Debtor (Corporation/Partnership) Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above. I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition Names and Social-Security numbers of all other individuals who prepared or on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United not an individual: States Code, specified in this petition.

Signature of Authorized Individual

Title of Authorized Individual

Date

Printed Name of Authorized Individual

assisted in preparing this document unless the bankruptcy petition preparer is

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

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Official Form 1, Exhibit D (10/06)

## **United States Bankruptcy Court Northern District of New York**

| In re | Francis C. Migliaccio |           | Case No. |    |
|-------|-----------------------|-----------|----------|----|
|       |                       | Debtor(s) | Chapter  | 13 |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.] \_\_\_\_

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

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## Official Form 1, Exh. D (10/06) - Cont.

| ☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable           |
|--|
| statement.] [Must be accompanied by a motion for determination by the court.]                              |
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or                 |
| mental deficiency so as to be incapable of realizing and making rational decisions with respect to         |
| financial responsibilities.);  |
| ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being              |
| unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, o |
| through the Internet.);  |
| ☐ Active military duty in a military combat zone.  |
|  |
| □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling       |

I certify under penalty of perjury that the information provided above is true and correct.

| Signature of Debtor: | /s/ Francis C. Migliaccio |
|----------------------|---------------------------|
|                      | Francis C. Migliaccio     |
| D .                  |                           |

requirement of 11 U.S.C. § 109(h) does not apply in this district.

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B6 Summary (Official Form 6 - Summary) (12/07)

## **United States Bankruptcy Court** Northern District of New York

| In re | Francis C. Migliaccio |        | Case No. |    |
|-------|-----------------------|--------|----------|----|
| _     | <u> </u>              | Debtor |          |    |
|       |                       |        | Chapter  | 13 |

## **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES  | OTHER    |
|---|----------------------|------------------|-------------------|--------------|----------|
| A - Real Property   | Yes                  | 1                | 152,450.00        |              |          |
| B - Personal Property   | Yes                  | 3                | 79,516.00         |              |          |
| C - Property Claimed as Exempt  | Yes                  | 1                |                   |              |          |
| D - Creditors Holding Secured Claims  | Yes                  | 3                |                   | 824,376.66   |          |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes                  | 1                |                   | 0.00         |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                           | Yes                  | 2                |                   | 440,437.00   |          |
| G - Executory Contracts and<br>Unexpired Leases                                 | Yes                  | 1                |                   |              |          |
| H - Codebtors   | Yes                  | 1                |                   |              |          |
| I - Current Income of Individual<br>Debtor(s)                                   | Yes                  | 1                |                   |              | 7,597.00 |
| J - Current Expenditures of Individual<br>Debtor(s)                             | Yes                  | 1                |                   |              | 5,272.00 |
| Total Number of Sheets of ALL Schedu  | iles                 | 15               |                   |              |          |
|   | To                   | otal Assets      | 231,966.00        |              |          |
|   |                      |                  | Total Liabilities | 1,264,813.66 |          |

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Form 6 - Statistical Summary (12/07)

# **United States Bankruptcy Court**Northern District of New York

| In re | Francis C. Migliaccio |        | Case No. |    |
|-------|-----------------------|--------|----------|----|
| -     |                       | Debtor | ,        |    |
|       |                       |        | Chapter  | 13 |

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount     |
|---|------------|
| Domestic Support Obligations (from Schedule E)  | 0.00       |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 0.00       |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00       |
| Student Loan Obligations (from Schedule F)  | 333,854.00 |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00       |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00       |
| TOTAL   | 333,854.00 |

#### State the following:

| Average Income (from Schedule I, Line 16)  | 7,597.00 |
|--|----------|
| Average Expenses (from Schedule J, Line 18)  | 5,272.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 6,874.00 |

#### State the following:

|  |      | _          |
|--|------|------------|
| Total from Schedule D, "UNSECURED PORTION, IF ANY"     column              |      | 512,409.66 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 0.00 |            |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |      | 0.00       |
| 4. Total from Schedule F   |      | 440,437.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |      | 952,846.66 |

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|       |          | -    |     |         |  |
|-------|----------|------|-----|---------|--|
| B6A ( | Official | Form | 6A) | (12/07) |  |

| In re | Francis C. Migliaccio | Case No. |
|-------|-----------------------|----------|
| _     |                       |          |
|       |                       | Debtor   |

### SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

|  | 1 1 3 3                                    |   | 1 3  |                            |
|--|--|---|--|----------------------------|
| Description and Location of Property                                     | Nature of Debtor's<br>Interest in Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in<br>Property, without<br>Deducting any Secured<br>Claim or Exemption | Amount of<br>Secured Claim |
| Single family residence located at 10 Wildwood Road,<br>New Hartford, NY | Residence                                  | J   | 152,450.00   | 285,352.00                 |

Full value: \$304,900

Sub-Total > 152,450.00 (Total of this page)

152,450.00 Total >

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

| In re | Francis C. Migliaccio | Case No |  |
|-------|-----------------------|---------|--|
| -     |                       | Debtor  |  |

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | Type of Property  | N O Description and Location of Property E                        | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|---|---|---|
| 1.  | Cash on hand  | Cash  | -   | 300.00  |
| 2.  | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | 2 checking accounts at HSBC                                       | -   | 1,000.00  |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.  | X   |   |   |
| 4.  | Household goods and furnishings, including audio, video, and computer equipment.  | 2 TVs, 2 PCs, 2 VCRs, 2 DVDs, Misc. furniture and household goods | -   | 2,500.00  |
| 5.  | Books, pictures and other art<br>objects, antiques, stamp, coin,<br>record, tape, compact disc, and<br>other collections or collectibles.   | X   |   |   |
| 6.  | Wearing apparel.  | Day to day  | -   | 300.00  |
| 7.  | Furs and jewelry.   | X   |   |   |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   | 2 Cameras   | -   | 300.00  |
| 9.  | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.  | Life insurance  | -   | 25,000.00   |
| 10. | Annuities. Itemize and name each issuer.  | X   |   |   |
|     |   |   |   |   |
|     |   | (То   | Sub-Tota<br>tal of this page)               | al > 29,400.00  |

<sup>2</sup> continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

| In re | Francis C. Migliaccio | Case No.     |
|-------|-----------------------|--------------|
| -     |                       | <del>,</del> |

## Debtor

## SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     |   |                  | (Continuation Sheet)  |   |   |
|-----|---|------------------|---|---|---|
|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |   |   |   |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | X                |   |   |   |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   |                  | 100% Stockholder of Fransis Migliaccio D.O., P.C. (all assets are liened out) | -   | 1.00  |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |   |   |   |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |   |   |   |
| 16. | Accounts receivable.  |                  | Accounts receivable owed to corporation                                       | -   | 30,000.00   |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |   |   |   |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |   |   |   |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |   |   |   |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |   |   |   |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |   |   |   |
|     |   |                  | (Tota)  | Sub-Total of this page)                     | al > 30,001.00  |
|     |   |                  | (Total  | puge)                                       |   |

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

| In re | Francis C. Migliaccio | Case No.    |  |
|-------|-----------------------|-------------|--|
| -     |                       | ,<br>Debtor |  |

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |                                      |   |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | Х                |                                      |   |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                      |   |   |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | 001 BMW<br>'ull Value: \$6,500       | J   | 6,500.00  |
| 26. | Boats, motors, and accessories.   | Χ                |                                      |   |   |
| 27. | Aircraft and accessories.   | Х                |                                      |   |   |
| 28. | Office equipment, furnishings, and supplies.  | Х                |                                      |   |   |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | C                | CK Unit (business equipment)         | -   | 13,615.00   |
| 30. | Inventory.  | Χ                |                                      |   |   |
| 31. | Animals.  | Χ                |                                      |   |   |
| 32. | Crops - growing or harvested. Give particulars.   | Х                |                                      |   |   |
| 33. | Farming equipment and implements.   | Х                |                                      |   |   |
| 34. | Farm supplies, chemicals, and feed.   | Х                |                                      |   |   |
| 35. | Other personal property of any kind not already listed. Itemize.  | Х                |                                      |   |   |

Sub-Total > 20,115.00 (Total of this page)

Total >

79,516.00

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (12/07)

| In re | Francis C. Migliaccio |       | Case No.   |  |
|-------|-----------------------|-------|------------|--|
|       |                       | D. 1. | <b>-</b> ' |  |

Debtor

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | ☐ Check if debtor claims a homestead exemption that exceeds |
|---|---|
| (Check one box)   | \$136,875.  |
| ☐ 11 U.S.C. §522(b)(2)  |   |
| ■ 11 U.S.C. §522(b)(3)  |   |

| Description of Property   | Specify Law Providing<br>Each Exemption                       | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|---|---|----------------------------------|---|
| Real Property Single family residence located at 10 Wildwood Road, New Hartford, NY Full value: \$304,900 | NYCPLR § 5206(a)  | 50,000.00                        | 304,900.00  |
| Household Goods and Furnishings<br>2 TVs, 2 PCs, 2 VCRs, 2 DVDs, Misc. furniture and<br>household goods   | NYCPLR § 5205(a)(5)   | 2,500.00                         | 2,500.00  |
| Wearing Apparel Day to day  | NYCPLR § 5205(a)(5)   | 300.00                           | 300.00  |
| Interests in Insurance Policies Life insurance  | NY Ins. Law § 3212, Est. Pow. & Tr. § 7-1.5, NYCPLR § 5205(i) | 25,000.00                        | 25,000.00   |
| Automobiles, Trucks, Trailers, and Other Vehicles<br>2001 BMW<br>Full Value: \$6,500                      | Debtor & Creditor Law § 282(1)                                | 2,400.00                         | 13,000.00   |
| Machinery, Fixtures, Equipment and Supplies Used in CK Unit (business equipment)                          | Business<br>NYCPLR § 5205(a)(7)                               | 600.00                           | 13,615.00   |

Total: 80,800.00 359,315.00

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| RAD ( | Official | Form 6D | <b>)</b> | (12/07) |
|-------|----------|---------|----------|---------|
|       |          |         |          |         |

| In re | Francis C. Migliaccio | Case No. |  |
|-------|-----------------------|----------|--|
| _     |                       | Debtor , |  |

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | 1 | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | C O N T I N G E N | LIQUID           | DISPUTED | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|-----------------|---|--|-------------------|------------------|----------|--|---------------------------------|
| Account No. xx0043  BMW Financial Services 5515 Park Center Circle Dublin, OH 43017                  |                 | - | Auto Ioan<br>2001 BMW<br>Full Value: \$6,500   | T T               | A<br>T<br>E<br>D |          |  |                                 |
| Account No. xx1957   | ╀               | ╀ | Value \$ 13,000.00   | +                 |                  |          | 16,779.00  | 3,779.00                        |
| Chase Home Finance<br>3415 Vision Drive<br>Columbus, OH 43219-6009                                   | x               | - | Mortgage Single family residence located at 10 Wildwood Road, New Hartford, NY Full value: \$304,900                             |                   |                  |          |  |                                 |
|  |                 |   | Value \$ 304,900.00  | 1                 |                  |          | 285,352.00   | 0.00                            |
| Account No.  Chrysler Financial PO Box 9223 Farmington, MI 48333                                     |                 | - | Auto lease 2005 Dodge Dakota   |                   |                  |          |  |                                 |
|  |                 |   | Value \$ 0.00  |                   |                  |          | 0.00   | 0.00                            |
| Account No.  Citicorp Vendor Finance, Inc. 700 East Gate Dr Mount Laurel, NJ 08054                   |                 | - | Lease/ UCC-1/ Judgment  Computer, software, equipment, Oculus Penticam business equipment  |                   |                  |          |  |                                 |
|  |                 |   | Value \$ 0.00  |                   |                  | Щ        | 115,977.66   | 115,977.66                      |
| 2 continuation sheets attached   |                 |   | (Total of  | Sub<br>this       |                  |          | 418,108.66   | 119,756.66                      |

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 $B6D\ (Official\ Form\ 6D)\ (12/07)$  - Cont.

| In re | Francis C. Migliaccio | Case No. |  |
|-------|-----------------------|----------|--|
| -     |                       | Debtor   |  |

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B T O R | 1        | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN | CONTINGENT    | LIQUID           | I<br>S<br>P<br>U<br>T<br>E | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|-----------------|----------|--|---------------|------------------|----------------------------|--|---------------------------------|
| Account No.  De Lage Landen Financial Services 1111 Old Eagle School Rd Wayne, PA 19087        |                 | -        | UCC-1/ Buyout of lease CK Unit (business equipment)  | <br> -        | A<br>T<br>E<br>D |                            |  |                                 |
| Account No.  | ╅               | -        | Value \$ 13,615.00  Collection attorney for Citicorp Vendor  | +             | -                | H                          | 27,227.00  | 13,612.00                       |
| Deily, Mooney, Glastetter<br>8 Thurlow Terrace<br>Albany, NY 12203-1006                        |                 | -        | Value \$ 0.00  |               |                  |                            | 0.00   | 0.00                            |
| Account No.  | +               |          | Lease/ UCC-1   | +             |                  |                            | 0.00   | 0.00                            |
| First Lease, Inc.<br>185 Commerce Drive<br>Unit 102<br>Fort Washington, PA 19034               | x               | -        | Business equipment  Value \$ 0.00  |               |                  |                            | 44 207 00  | 44 207 00                       |
| Account No.  | ╅               | $\vdash$ | Value \$ 0.00 UCC-1  | +             | $\vdash$         | Н                          | 11,297.00  | 11,297.00                       |
| M&T Bank PO Box 4983 101 South Salina St Syracuse, NY 13221-4983                               |                 | -        | All business assets  Value \$ 0.00   |               |                  |                            | 300,528.00   | 300,528.00                      |
| Account No.  | +               | T        | Collection agency for DeLage Landen  | +             | T                | $\forall$                  | 000,020.00   | 300,320.00                      |
| NCO Financial Systems<br>507 Prudential Road<br>Horsham, PA 19044                              |                 | -        | CK Unit (business equipment)   |               |                  |                            |  |                                 |
|  |                 |          | Value \$ 13,615.00   |               |                  |                            | 0.00   | 0.00                            |
| Sheet 1 of 2 continuation sheets att Schedule of Creditors Holding Secured Clair               |                 | d to     | (Total o   | Sub<br>f this |                  |                            | 339,052.00   | 325,437.00                      |

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 $B6D\ (Official\ Form\ 6D)\ (12/07)$  - Cont.

| In ro | Francia C. Migliagoia | Casa No. |   |
|-------|-----------------------|----------|---|
| In re | Francis C. Migliaccio | Case No  | — |
|       |                       | Debtor   |   |

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | СОДШВНОК          | Hu<br>H<br>W | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLLQULDA        | DISPUTED  | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|-------------------|--------------|--|------------|------------------|-----------|--|---------------------------------|
| Account No.  | Г                 |              | Lease/ UCC-1   | Ϊ          | A<br>T<br>E<br>D |           |  |                                 |
| US Bancorp Manifest Funding Services<br>1450 Channel Pkwy<br>Marshall, MN 56258                |                   | -            | Business equipment Original Lessor: Lance Leasing Ltd  |            | D                |           |  |                                 |
|  |                   |              | Value \$ 0.00  |            |                  |           | 67,216.00  | 67,216.00                       |
| Account No.  | Г                 | Г            |  |            |                  |           | ·  |                                 |
|  |                   |              |  |            |                  |           |  |                                 |
| Account No.  | H                 | ┡            | Value \$   | -          |                  |           |  |                                 |
|  |                   |              | Value \$   |            |                  |           |  |                                 |
| Account No.  | H                 | ├            | value \$   | ╁          |                  | Н         |  |                                 |
| recount No.  |                   |              | Value \$   |            |                  |           |  |                                 |
| Account No.  |                   |              |  |            |                  |           |  |                                 |
|  |                   |              | Value \$   |            |                  |           |  |                                 |
| Sheet 2 of 2 continuation sheets attack Schedule of Creditors Holding Secured Claims           | S<br>(Total of th | Subt<br>his  |  |            | 67,216.00        | 67,216.00 |  |                                 |
| Total (Report on Summary of Schedules)   |                   |              |  |            |                  |           | 824,376.66   | 512,409.66                      |

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B6E (Official Form 6E) (12/07)

| •     |                       |          |
|-------|-----------------------|----------|
| In re | Francis C. Migliaccio | Case No. |
| -     |                       | Debtor   |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| also on the Statistical Summary of Certain Liabilities and Related Data.  Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. |
|---|
| ■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.   |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)   |
| ☐ Domestic support obligations  |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).   |
| ☐ Extensions of credit in an involuntary case   |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. $11 \text{ U.S.C.} \$ 507(a)(3)$ .   |
| ☐ Wages, salaries, and commissions  |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).   |
| ☐ Contributions to employee benefit plans   |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busine whichever occurred first, to the extent provided in 11 U.S.C. $\S$ 507(a)(5).  |
| ☐ Certain farmers and fishermen   |
| Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).  |
| ☐ Deposits by individuals   |
| Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).  |
| ☐ Taxes and certain other debts owed to governmental units  |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).   |
| ☐ Commitments to maintain the capital of an insured depository institution  |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).  |
| ☐ Claims for death or personal injury while debtor was intoxicated  |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).  |
|   |

<sup>\*</sup> Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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| RAF   | Official | Form | (F) | (12/07) |  |
|-------|----------|------|-----|---------|--|
| DOF ( | Omciai   | rorm | OF  | (14/0/) |  |

| In re | Francis C. Migliaccio |        | Case No. |
|-------|-----------------------|--------|----------|
|       |                       | Debtor |          |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| Check this box if debtor has no creditors holding unsecure  | u c      | lam                     | is to report on this schedule r.  |              |             |          |   |                 |
|---|----------|-------------------------|---|--------------|-------------|----------|---|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hus<br>H<br>W<br>J<br>C | Sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONT - NG EN | Q           | DISPUTED |   | AMOUNT OF CLAIM |
| Account No. xxxxxx0161  |          |                         | Credit card purchases   | Ť            | T<br>E<br>D |          |   |                 |
| Bank of America<br>PO Box 17054<br>Wilmington, DE 19884   |          | -                       |   |              |             |          |   | 77,310.00       |
| Account No. xxxxxxxxxxxx1029  |          | П                       | Credit card purchases   |              | П           |          | T |                 |
| Chase<br>PO Box 15678<br>Wilmington, DE 19850   |          | -                       |   |              |             |          |   | 1,816.00        |
| Account No. xxxxxxxx3115  |          | П                       | Credit card purchases   |              | П           | Г        | 1 |                 |
| Chase-BP<br>PO Box 15298<br>Wilmington, DE 19850  |          | -                       |   |              |             |          |   | 575.00          |
| Account No. xxxxxxxxxxxx3642  |          | П                       | Unsecured debt  |              | П           |          | † |                 |
| Citifinancial Retail Svce<br>PO Box 22066<br>Tempe, AZ 85285                                      |          | -                       |   |              |             |          |   | 8,901.00        |
| _1 continuation sheets attached   |          |                         | (Total of t   | Subt         |             |          |   | 88,602.00       |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Francis C. Migliaccio | Case No |  |
|-------|-----------------------|---------|--|
| -     |                       | Debtor  |  |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  | 1 -      | _           |   | T-         |             | -        |      |             |
|--|----------|-------------|---|------------|-------------|----------|------|-------------|
| CREDITOR'S NAME,   |          | Hu          | sband, Wife, Joint, or Community  | 10         | l U         | ľ        |      |             |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C<br>A<br>M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | LIQUIDATED  | DISPUTED | AMOU | NT OF CLAIM |
| Account No. xxxx-xxxx-xxxx-9937  |          |             | Credit card purchases   | ] ⊤        | T           |          |      |             |
| First Premier Bank<br>PO Box 5524<br>Sioux Falls, SD 57117-5524                  |          | -           |   |            | D           |          | _    | 930.00      |
| Account No. xxxxxxxx0089   | T        | T           | Student loan  |            |             | T        |      |             |
| GLELSI/ Academic Loan<br>2401 International Lane<br>Madison, WI 53704            |          | -           |   |            |             |          |      | 333,854.00  |
| 7070   | ╀        | $\perp$     |   | $\vdash$   | ┝           | ╀        |      |             |
| Account No. xxxxxxxxxxxx7076  HSBC - Best Buy PO Box 15524 Wilmington, DE 19850  |          | -           | Credit card purchases   |            |             |          |      |             |
|  |          |             |   |            |             |          |      | 2,787.00    |
| Account No. xxxxxxxxxxx-7540   |          |             | Credit card purchases   | $\vdash$   |             | t        |      |             |
| HSBC NV<br>PO Box 5253<br>Carol Stream, IL 60197                                 |          | -           |   |            |             |          |      | 464.00      |
| A account No. v2002  | ╀        | -           | Danold 2004 Value   | ⊬          |             | ╀        |      |             |
| Account No. x2992  Volvo Collections PO Box 2848 Grand Rapids, MI 49502          |          | -           | Repo'd 2004 Volvo   |            |             |          |      | 13,800.00   |
| Sheet no1 of _1 sheets attached to Schedule of                                   | _        |             |   | Subt       | tota        | ıl       |      |             |
| Creditors Holding Unsecured Nonpriority Claims                                   |          |             | (Total of t   |            |             |          |      | 351,835.00  |
|  |          |             | (Report on Summary of So  |            | ota<br>lule |          |      | 440,437.00  |

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B6G (Official Form 6G) (12/07)

| In re | Francis C. Migliaccio | Case No |
|-------|-----------------------|---------|
|       |                       | ,       |
|       |                       | Debtor  |

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

| Name and Mailing Address, Including Zip Code,<br>of Other Parties to Lease or Contract | Description of Contract or Lease and Nature of Debtor's Interest.  State whether lease is for nonresidential real property.  State contract number of any government contract. |
|--|--|
| Chrysler Financial<br>PO Box 9223<br>Farmington, MI 48333                              | 2005 Dodge Dakota lease<br>expires 2/09  |
| Citicorp Vendor Finance, Inc.<br>700 East Gate Dr<br>Mount Laurel, NJ 08054            | Business equipment   |
| De Lage Landen Financial Services<br>1111 Old Eagle School Rd<br>Wayne, PA 19087       | Business equipment   |
| First Lease, Inc.<br>185 Commerce Drive<br>Unit 102<br>Fort Washington, PA 19034       | Business equipment   |
| US Bancorp Manifest Funding Services<br>1450 Channel Pkwy<br>Marshall, MN 56258        | Business equipment   |

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B6H (Official Form 6H) (12/07)

| In re | Francis C. Migliaccio | Case No |
|-------|-----------------------|---------|
| -     |                       | Delta : |
|       |                       | Debtor  |

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

| <br>NAME AND ADDRESS OF CODEBTOR                            | NAME AND ADDRESS OF CREDITOR   |
|---|--|
| Gina Migliaccio<br>10 Wildwood Rd<br>New Hartford, NY 13413 | Chase Home Finance<br>3415 Vision Drive<br>Columbus, OH 43219-6009               |
| Gina Migliaccio<br>10 Wildwood Rd<br>New Hartford, NY 13413 | First Lease, Inc.<br>185 Commerce Drive<br>Unit 102<br>Fort Washington, PA 19034 |

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**B6I (Official Form 6I) (12/07)** 

| In re | Francis C. Migliaccio |           | Case No. |   |
|-------|-----------------------|-----------|----------|---|
|       |                       | Debtor(s) | _        | • |

### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status:                                   | DEPENDENTS OF DEBTOR AND SPOUSE  |                  |          |          |        |
|--|--|------------------|----------|----------|--------|
|  | RELATIONSHIP(S):   | AGE(S):          |          |          |        |
| Married  | Son  | 4                |          |          |        |
|  | Son  | 6 m              | nonths   |          |        |
| <b>Employment:</b>   | DEBTOR   |                  | SPOUSE   |          |        |
| Occupation   | Opthamologist  |                  |          |          |        |
| Name of Employer   | Self-employed Opthamologist  | Homemaker        |          |          |        |
| How long employed  | 7 years  |                  |          |          |        |
| Address of Employer  |  |                  |          |          |        |
| INCOME: (Estimate of average                               | or projected monthly income at time case filed)                          |                  | DEBTOR   |          | SPOUSE |
| 1. Monthly gross wages, salary,                            | and commissions (Prorate if not paid monthly)                            | \$               | 0.00     | \$       | 0.00   |
| 2. Estimate monthly overtime                               |  | \$               | 0.00     | \$       | 0.00   |
| 3. SUBTOTAL  |  | \$               | 0.00     | \$       | 0.00   |
| 5. SUBTUTAL  |  | Ψ                | 0.00     | Ψ_       | 0.00   |
| 4. LESS PAYROLL DEDUCTION                                  |  |                  |          |          |        |
| a. Payroll taxes and social                                | security   | \$               | 0.00     | \$       | 0.00   |
| b. Insurance   |  | \$               | 0.00     | \$       | 0.00   |
| c. Union dues  |  | <u>\$</u> _      | 0.00     | \$_      | 0.00   |
| d. Other (Specify):  |  | \$               | 0.00     | \$_      | 0.00   |
| _  |  | \$               | 0.00     | \$       | 0.00   |
| 5. SUBTOTAL OF PAYROLL                                     | DEDUCTIONS   | \$               | 0.00     | \$_      | 0.00   |
| 6. TOTAL NET MONTHLY TA                                    | AKE HOME PAY   | \$               | 0.00     | \$_      | 0.00   |
| 7. Regular income from operation                           | on of business or profession or farm (Attach detailed stater             | ment) \$         | 7,597.00 | \$       | 0.00   |
| 8. Income from real property                               |  | \$               | 0.00     | \$       | 0.00   |
| 9. Interest and dividends                                  |  | \$               | 0.00     | \$       | 0.00   |
| 10. Alimony, maintenance or sup<br>dependents listed above | pport payments payable to the debtor for the debtor's use of             | or that of<br>\$ | 0.00     | \$       | 0.00   |
| 11. Social security or governmen                           | nt assistance  | Ψ                |          | Ψ        | 0.00   |
|  |  | \$               | 0.00     | \$       | 0.00   |
|  |  | <u> </u>         | 0.00     | \$       | 0.00   |
| 12. Pension or retirement incom                            | e  | \$               | 0.00     | \$       | 0.00   |
| 13. Other monthly income                                   |  | _                |          | _        |        |
| (Specify):   |  | \$               | 0.00     | \$       | 0.00   |
|  |  | \$               | 0.00     | \$       | 0.00   |
| 14. SUBTOTAL OF LINES 7 T                                  | HPOLICH 13   | \$               | 7,597.00 | \$       | 0.00   |
|  |  | \$               | 7,597.00 |          | 0.00   |
| 15. AVERAGE MONTHLY IN                                     | COME (Add amounts shown on lines 6 and 14)                               | <del>-</del>     | \$       | <u> </u> |        |
| 16. COMBINED AVERAGE M                                     | 6. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15) |                  |          | 7,597    | .00    |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

None

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B6J (Official Form 6J) (12/07)

| In re | Francis C. Migliaccio |           | Case No. |  |
|-------|-----------------------|-----------|----------|--|
|       |                       | Debtor(s) | -        |  |

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

| a. Are real estate taxes included? Yes No X b. Is property insurance included? Yes No X 2. Utilities: a. Electricity and heating fuel \$ 300.00 b. Water and sewer \$ 8.000 c. Telephone \$ 80.00 d. Other Internet/Cable \$ 120.00 3. Home maintenance (repairs and upkeep) \$ 75.00 4. Food \$ 500.00 c. Tolithing \$ 500.00 c. Colothing \$ 100.00 c. Colothing \$ 100.00 c. Laundry and dry cleaning \$ 500.00 c. Laundry and dry cleaning \$ 500.00 c. Telephone \$ 500.00 c. Laundry and dry cleaning \$ 500.00 c. Laundry and dry cleaning \$ 500.00 c. Laundry and dry cleaning \$ 500.00 c. Telephone \$ 500.00 c. Telephone \$ 500.00 c. Telephone \$ 500.00 c. Laundry and dry cleaning \$ 500.00 c. Telephone \$ 500.00 c. Health \$ 500.00 c. Health \$ 500.00 c. Health \$ 500.00 c. Health \$ 500.00 c. Other BMW \$ 339.00 c. Other Dodge Dakota \$ 500.00 c.  | expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22      | 2C.           | ,0 11101111111 |
|---|--|---------------|----------------|
| a. Are real estate taxes included? Yes No X b. Is property insurance included? Yes No X 2. Utilities: a. Electricity and heating fuel \$ 300.00 b. Water and sewer \$ 8.000 c. Telephone \$ 80.00 d. Other Internet/Cable \$ 120.00 3. Home maintenance (repairs and upkeep) \$ 75.00 4. Food \$ 500.00 c. Tolithing \$ 500.00 c. Colothing \$ 100.00 c. Colothing \$ 100.00 c. Laundry and dry cleaning \$ 500.00 c. Laundry and dry cleaning \$ 500.00 c. Telephone \$ 500.00 c. Laundry and dry cleaning \$ 500.00 c. Laundry and dry cleaning \$ 500.00 c. Laundry and dry cleaning \$ 500.00 c. Telephone \$ 500.00 c. Telephone \$ 500.00 c. Telephone \$ 500.00 c. Laundry and dry cleaning \$ 500.00 c. Telephone \$ 500.00 c. Health \$ 500.00 c. Health \$ 500.00 c. Health \$ 500.00 c. Health \$ 500.00 c. Other BMW \$ 339.00 c. Other Dodge Dakota \$ 500.00 c.  |  | ete a separat | e schedule of  |
| a. Are real estate taxes included? Yes No X b. Is property insurance included? Yes No X 2. Utilities: a. Electricity and heating fuel   | 1. Rent or home mortgage payment (include lot rented for mobile home)                                      | \$            | 2,969.00       |
| D. Is property insurance included?   Yes   No_X   300.00  |  |               |                |
| D. Water and sewer   S   0.00   |  |               |                |
| C. Telephone   S   80.00  | 2. Utilities: a. Electricity and heating fuel  | \$            | 300.00         |
| A. Other   Internet / Cable   \$   120.00     3. Home maintenance (repairs and upkeep)   \$   75.00     4. Food   \$   500.00     5. Clothing   \$   100.00     6. Laundry and dry cleaning   \$   500.00     7. Medical and dental expenses   \$   50.00     8. Transportation (not including car payments)   \$   200.00     8. Transportation (not including car payments)   \$   200.00     9. Recreation, clubs and entertainment, newspapers, magazines, etc.   \$   80.00     10. Charitable contributions   \$   0.00     11. Insurance (not deducted from wages or included in home mortgage payments)   \$   0.00     12. Health   \$   0.00     13. Life   \$   0.00     14. Aluto   \$   0.00     15. Payments (for deducted from wages or included in home mortgage payments)   \$   0.00     15. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)   \$   0.00     15. Payments for support of additional dependents not living at your home   \$   0.00     16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   \$   0.00     17. Other   Dodge Dakota   \$   0.00     18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)   9. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: None   \$   0.00     17. Other   Dodge Dakota   \$   0.00     18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)   9. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: None   \$   0.00     17. Other   0. Other  | b. Water and sewer   | \$            | 0.00           |
| 3. Home maintenance (repairs and upkeep)         \$ 75.00           4. Food         \$ 500.00           5. Clothing         \$ 100.00           6. Laundry and dry cleaning         \$ 50.00           7. Medical and dental expenses         \$ 50.00           8. Transportation (not including car payments)         \$ 200.00           9. Recreation, clubs and entertainment, newspapers, magazines, etc.         \$ 80.00           10. Charitable contributions         \$ 0.00           11. Insurance (not deducted from wages or included in home mortgage payments)         \$ 0.00           6. Life         \$ 0.00           6. Lefalth         \$ 0.00           6. Life         \$ 0.00           6. Lefalth         \$ 0.00           6. Life         \$ 0.00           6. Life         \$ 0.00           7. Eyerify         \$ 0.00           8. Auto         \$ 0.00           8. Auto         \$ 0.00           9. Other         \$ 0.00           10. Alimony, maintenance, and sup   |  | \$            | 80.00          |
| 4. Food         \$ 500.00           5. Clothing         \$ 100.00           6. Laundry and dry cleaning         \$ 50.00           7. Medical and dental expenses         \$ 50.00           8. Transportation (not including car payments)         \$ 200.00           9. Recreation, clubs and entertainment, newspapers, magazines, etc.         \$ 80.00           10. Charitable contributions         \$ 0.00           11. Insurance (not deducted from wages or included in home mortgage payments)         \$ 0.00           a. Homeowner's or renter's         \$ 0.00           b. Life         \$ 0.00           c. Health         \$ 0.00           d. Auto         \$ 0.00           c. Other         \$ 0.00           12. Taxes (not deducted from wages or included in home mortgage payments)         \$ 0.00           (Specify)         \$ 0.00           13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the         \$ 0.00           b. Other         BMW         \$ 0.00           c. Other         Dodge Dakota         \$ 0.00           14. Alimony, maintenance, and support paid to others         \$ 0.00           15. Payments for support of additional dependents not living at your home         \$ 0.00           16. Regular expenses from operation of business, profession, or farm   |  | \$            |                |
| 5. Clothing         \$ 100.00           6. Laundry and dry cleaning         \$ 50.00           7. Medical and dental expenses         \$ 50.00           8. Transportation (not including car payments)         \$ 200.00           9. Recreation, clubs and entertainment, newspapers, magazines, etc.         \$ 0.00           10. Charitable contributions         \$ 0.00           11. Insurance (not deducted from wages or included in home mortgage payments)         \$ 0.00           12. Insurance (not deducted from wages or included in home mortgage payments)         \$ 0.00           13. Insurance (not deducted from wages or included in home mortgage payments)         \$ 0.00           14. Aluto         \$ 0.00           15. Taxes (not deducted from wages or included in home mortgage payments)         \$ 0.00           16. Taxes (not deducted from wages or included in home mortgage payments)         \$ 0.00           17. Taxes (not deducted from wages or included in home mortgage payments)         \$ 0.00           18. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the         \$ 0.00           19. Insulated payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the         \$ 0.00           16. Altinony, maintenance, and support paid to others         \$ 0.00           16. Regular expenses from operation of business, profession, or farm (attach detailed statement)         \$ 0.   |  | \$            |                |
| 6. Laundry and dry cleaning 7. Medical and dental expenses 6 50.00 7. Medical and dental expenses 6 50.00 8. Transportation (not including car payments) \$ 200.00 9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ 80.00 10. Charitable contributions \$ 0.00 11. Insurance (not deducted from wages or included in home mortgage payments)  a. Homeowner's or renter's \$ 0.00  |  | \$            |                |
| 7. Medical and dental expenses 8. Tansportation (not including car payments) 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 10. Charitable contributions 11. Insurance (not deducted from wages or included in home mortgage payments)  a. Homeowner's or renter's  a. Homeowner's or renter's  b. Life  a. Homeowner's or renter's  c. Health  d. Auto  c. Other  c. Other  (Specify)  12. Taxes (not deducted from wages or included in home mortgage payments)  (Specify)  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  14. Alimony, maintenance, and support paid to others  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other  Other  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filling of this document:  None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly income from Line 18 above  5. \$0.000  5. \$0.000  5. \$0.000  5. \$0.000  5. \$0.000  5. \$0.000  5. \$0.000  5. \$0.000  5. \$0.000  5. \$0.000  5. \$0.000  6. \$0.000                                      |  | \$            |                |
| 8. Transportation (not including car payments)         \$         200.00           9. Recreation, clubs and entertainment, newspapers, magazines, etc.         \$         80.00           10. Charitable contributions         \$         0.00           11. Insurance (not deducted from wages or included in home mortgage payments)         \$         0.00           b. Life         \$         0.00           c. Health         \$         0.00           d. Auto         \$         150.00           e. Other         \$         0.00           13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)         \$         0.00           13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)         \$         0.00           a. Auto         \$         0.00           b. Other         BMW         \$         339.00           14. Alimony, maintenance, and support paid to others         \$         0.00           15. Payments for support of additional dependents not living at your home         \$         0.00           16. Regular expenses from operation of business, profession, or farm (attach detailed statement)         \$         0.00           17. Other         \$         0.00         \$         0.00  |  | \$            |                |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  10. Charitable contributions  11. Insurance (not deducted from wages or included in home mortgage payments)  a. Homeowner's or renter's  a. Homeowner's or renter's  b. Life  c. Health d. Auto c. Health d. Auto e. Other  12. Taxes (not deducted from wages or included in home mortgage payments)  (Specify)  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  14. Altinomy, maintenance, and support paid to others  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other Other Other Other  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  5 80.00  c. Other Schedule I  c. Taxes (not deducted from wages or included in home mortgage payments)  c. Health C. S. O.00  c. Other C. Oth  |  | \$            |                |
| 10. Charitable contributions   \$ 0.00     11. Insurance (not deducted from wages or included in home mortgage payments)   \$ 0.00     12. Insurance (not deducted from wages or included in home mortgage payments)   \$ 0.00     13. Line (not deducted from wages or included in home mortgage payments)   \$ 0.00     14. Alato (Specify)   \$ 0.00     15. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)   \$ 0.00     16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   \$ 0.00     17. Other (Specify)   \$ 0.00     18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and rapplicable, on the Statistical Summary of Certain Liabilities and Related Data.)   \$ 5.272.00     19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: None   \$ 7.597.00     15. Average monthly income from Line 15 of Schedule I   \$ 7.597.00     16. Average monthly income from Line 18 above   \$ 7.597.00     17. Other (STATEMENT OF MONTHLY NET INCOME   \$ 7.597.00     18. Average monthly income from Line 18 above   \$ 7.597.00     19. Average monthly expenses from Line 18 above   \$ 7.597.00     19. Average monthly expenses from Line 18 above   \$ 7.597.00     19. Average monthly expenses from Line 18 above   \$ 5.272.00     19. Average monthly expenses from Line 18 above   \$ 7.597.00     19. Average monthly expenses from Line 18 above   \$ 7.597.00     19. Average monthly expenses from Line 18 above   \$ 7.597.00     19. Average monthly expenses from Line 18 above   \$ 5.272.00     19. Average monthly expenses from Line 18 above   \$ 5.272.00     19. Average monthly expenses from Line 18 above   \$ 7.597.00     19. Average monthly expenses from Line 18 above   \$ 5.272.00     19. Average monthly expenses from Line 18 above   \$ 7.597.00     19. Average monthly expenses from Line 18 above   \$ 7.597.00     19. Average monthly expenses from Line 18 above  |  | \$            |                |
| 1. Insurance (not deducted from wages or included in home mortgage payments)   a. Homeowner's or renter's   \$ 0.00     b. Life   \$ 0.00     c. Health   \$ 0.00     d. Auto   \$ 150.00     e. Other   \$ 0.00     12. Taxes (not deducted from wages or included in home mortgage payments)     (Specify)   \$ 0.00     13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)     a. Auto   \$ 0.00     b. Other   BMW   \$ 0.00     b. Other   BMW   \$ 0.00     c. Other   Dodge Dakota   \$ 259.00     14. Alimony, maintenance, and support paid to others   \$ 0.00     15. Payments for support of additional dependents not living at your home   \$ 0.00     16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   \$ 0.00     17. Other   Other   \$ 0.00     18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and fi applicable, on the Statistical Summary of Certain Liabilities and Related Data.)     19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:   None   |  | \$            |                |
| a. Homeowner's or renter's b. Life c. Health c. Health d. Auto e. Other Other  12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) (Specify)  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  14. Aluto b. Other BMW c. Other Dodge Dakota  15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other Other Other  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and fapplicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: None  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above  \$ 7,597.00  \$ 2,000  \$ 3,000  \$ 3,000  \$ 3,000  \$ 3,000  \$ 3,000  \$ 3,000  \$ 3,000  \$ 4,000  \$ 5,000  \$ 5,272.00  |  | \$            | 0.00           |
| b. Life c. Health d. Auto e. Other (Specify)  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto b. Other  a. Auto b. Other  a. Auto b. Other  Dodge Dakota  14. Alimony, maintenance, and support paid to others  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other Other  Other  Other  Other  S  O.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, fapplicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly income from Line 18 above  \$ 7,597.00  \$ 5,272.00  |  | Φ             | 0.00           |
| C. Health   |  | \$            |                |
| d. Auto e. Other Other 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) S 0.00  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto b. Other BMW C. Other Dodge Dakota Other Other Sayments for support of additional dependents not living at your home Other Other Other Other S 0.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: None  0. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly necome from Line 18 above  \$ 7,597.00  \$ 7,597.00  |  | <b>э</b>      |                |
| e. Other  12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  14. Auto  15. Dodge Dakota  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other  Other  Other  Other  Other  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filling of this document:  None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  5. Average monthly expenses from Line 18 above  \$ 0.00  \$ 0.00  \$ 7,597.00  \$ 7,597.00  \$ 5,272.00   |  | :             |                |
| 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) \$ 0.00  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto b. Other BMW C. Other Dodge Dakota  14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other Other Other Other  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  s. Average monthly expenses from Line 18 above  \$ 7,597.00  \$ 0.00   |  | Φ             |                |
| (Specify)  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto b. Other Dodge Dakota  14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other Other Other  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  s. 7,597.00  b. Average monthly expenses from Line 18 above  \$ 5,272.00  | 12 Tayos (not doducted from wages or included in home mortgage payments)                                   | Φ             | 0.00           |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto b. Other Dodge Dakota C. Other Dodge Dakota  14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other Other Other  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 7,597.00  \$ 5,272.00  |  | •             | 0.00           |
| a. Auto b. Other Dodge Dakota  14. Alimony, maintenance, and support paid to others  15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other Other Other  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 0.00  \$ 0.00  \$ 5.272.00   | 12. Installment recomments. (In shorter 11, 12, and 12 cases, do not list recomments to be included in the | Φ             | 0.00           |
| b. Other c. Other Dodge Dakota \$ 339.00 c. Other Dodge Dakota \$ 259.00 c. Other Dodge Dakota \$ 259.00 c. Other Dodge Dakota \$ 259.00 c. Other Statistical Support paid to others \$ 0.00 c. Other \$ 0.00 c. Oth | plan)  |               |                |
| c. Other Dodge Dakota  14. Alimony, maintenance, and support paid to others  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other  Other  Other  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 259.00  \$ 0.00  0.00  \$ 0.00  \$ 5,272.00  |  | \$            |                |
| 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None 20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 0.00  \$ 0.00  \$ 5,272.00  |  | \$            |                |
| 15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other  |  | \$            |                |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other Other Other  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 7,597.00  \$ 5,272.00  |  | \$            |                |
| 17. Other Other \$ 0.00 Other \$ 0.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I \$ 7,597.00 b. Average monthly expenses from Line 18 above \$ 5,272.00   |  | \$            |                |
| Other  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 0.00  5,272.00   |  | \$            |                |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 7,597.00  \$ 5,272.00   |  | <b>5</b>      |                |
| if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 7,597.00  5,272.00   | Otner  | \$            | 0.00           |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 7,597.00  \$ 5,272.00   |  | \$            | 5,272.00       |
| following the filing of this document:  None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 7,597.00  5,272.00  | •  |               |                |
| None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 7,597.00  \$ 5,272.00   | •  |               |                |
| 20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 7,597.00  \$ 5,272.00   |  |               |                |
| <ul> <li>a. Average monthly income from Line 15 of Schedule I</li> <li>b. Average monthly expenses from Line 18 above</li> <li>5,272.00</li> </ul>  |  | -             |                |
| b. Average monthly expenses from Line 18 above \$ 5,272.00  |  | •             | 7 507 00       |
| <u> </u>  |  | φ<br>•        |                |
|   | c. Monthly net income (a. minus b.)  | \$            | 2,325.00       |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

## **United States Bankruptcy Court** Northern District of New York

| In re | Francis C. Migliaccio  |           |  | Case No. |      |
|-------|--|-----------|--|----------|------|
|       |  |           | Debtor(s)  | Chapter  | 13   |
|       | DECLARATION C  | ONCEDA    | INC DEPTODIC CO  |          | EC   |
|       | DECLARATION C  | UNCERN    | ING DEDIOR S SC  | neduli   | LS   |
|       | DECLARATION UNDER F  | PENALTY ( | OF PERJURY BY INDIVI                                   | DUAL DEI | BTOR |
|       | I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of |           |  |          |      |
| Date  | December 26, 2007  | Signature | /s/ Francis C. Migliaccio Francis C. Migliaccio Debtor |          |      |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (12/07)

### United States Bankruptcy Court Northern District of New York

|       |                       | TOTAL DISCIPLE OF THE WILDING |          |    |
|-------|-----------------------|-------------------------------|----------|----|
| In re | Francis C. Migliaccio |                               | Case No. |    |
|       |                       | Debtor(s)                     | Chapter  | 13 |

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT      | SOURCE                         |
|-------------|--------------------------------|
| \$89,000.00 | 2005 Net Business profit/ loss |
| \$90,000.00 | 2006 Net Business profit/ loss |
| \$75,609.00 | 2007 Net Business profit/loss  |

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS        | DATES OF |             | AMOUNT STILL |
|-------------------------|----------|-------------|--------------|
| OF CREDITOR             | PAYMENTS | AMOUNT PAID | OWING        |
| BMW Financial Services  | Dec 07   | \$678.00    | \$16,779.00  |
| 5515 Park Center Circle | Nov 07   |             |              |
| Dublin, OH 43017        | Oct 07   |             |              |
| Chase Home Finance      | Dec 07   | \$8,907.00  | \$285,352.00 |
| 3415 Vision Drive       | Nov 07   |             |              |
| Columbus, OH 43219-6009 | Oct 07   |             |              |
| Chrysler Financial      | Dec 07   | \$777.00    | \$0.00       |
| PO Box 9223             | Nov 07   |             |              |
| Farmington, MI 48333    | Oct 07   |             |              |

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

|                              |           | AMOUNT    |              |
|------------------------------|-----------|-----------|--------------|
|                              | DATES OF  | PAID OR   |              |
|                              | PAYMENTS/ | VALUE OF  | AMOUNT STILL |
| NAME AND ADDRESS OF CREDITOR | TRANSFERS | TRANSFERS | OWING        |

None

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND
RELATIONSHIP TO DEBTOR
DATE OF PAYMENT
AMOUNT PAID
OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER Citicorp Vendor Finance vs Francis Migliaccio, D.O. P.C.

NATURE OF PROCEEDING Judgment

COURT OR AGENCY AND LOCATION Supreme Court County of Oneida State of New York STATUS OR DISPOSITION

2

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None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

#### 5. Repossessions, foreclosures and returns

None 

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER Volvo Collections PO Box 2848 Grand Rapids, MI 49502

DATE OF REPOSSESSION. FORECLOSURE SALE. TRANSFER OR RETURN 12/06

DESCRIPTION AND VALUE OF **PROPERTY** Repo'd 2004 Volvo

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF

NAME AND ADDRESS OF ASSIGNEE ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

filed.)

NAME AND ADDRESS OF CUSTODIAN

NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF

3

**PROPERTY** 

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

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#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE David J. Gruenewald, Esq. PO Box 69 Manlius, NY 13104 DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$3,500 Attorney fee; \$1,726 paid
before filing and \$1,774 to be
paid through the Chapter 13 Plan
\$274 Filing fee paid

4

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

TRANSFER(S) IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

DESCRIPTION AND VALUE OF

NAME AND ADDRESS OF OWNER

**PROPERTY** 

LOCATION OF PROPERTY

5

#### 15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF

DATE OF

**ENVIRONMENTAL** 

SITE NAME AND ADDRESS

GOVERNMENTAL UNIT

NOTICE

LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF

DATE OF

**ENVIRONMENTAL** 

SITE NAME AND ADDRESS

GOVERNMENTAL UNIT

NOTICE

LAW

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

(ITIN)/ COMPLETE EIN ADDRESS

**BEGINNING AND** NATURE OF BUSINESS

**ENDING DATES** 

6

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

**NAME ADDRESS** 

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

#### NAME AND ADDRESS

DATES SERVICES RENDERED

b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books None of account and records, or prepared a financial statement of the debtor.

NAME

**ADDRESS** 

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME **ADDRESS** 

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

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20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

NAME AND ADDRESS

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

7

(Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY

DATE OF INVENTORY REG

21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22 . Former partners, officers, directors and shareholders

22. Former partners, officers, unrectors and snareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the

commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year

immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

TITLE

23. Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation

in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated

group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

8

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### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date December 26, 2007

Signature /s/ Francis C. Migliaccio
Francis C. Migliaccio
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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## **United States Bankruptcy Court** Northern District of New York

| In re  | Francis C. Migliaccio   |  | Case No.                            |                                      |
|--------|---|--|-------------------------------------|--------------------------------------|
|        |   | Debtor(s)  | Chapter                             | 13                                   |
|        | DISCLOSURE OF COMPENSAT   | TION OF ATTO   | RNEY FOR DE                         | CBTOR(S)                             |
| C      | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 201 compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or in   | he petition in bankrupto                             | cy, or agreed to be pai             | d to me, for services rendered or to |
|        | For legal services, I have agreed to accept   |  | \$                                  | 3,500.00                             |
|        | Prior to the filing of this statement I have received   |  | \$                                  | 1,726.00                             |
|        | Balance Due   |  | \$                                  | 1,774.00                             |
| 2. \$  | S 274.00 of the filing fee has been paid.   |  |                                     |                                      |
| 3. 7   | The source of the compensation paid to me was:  |  |                                     |                                      |
|        | ■ Debtor □ Other (specify):   |  |                                     |                                      |
| 4. 7   | The source of compensation to be paid to me is:   |  |                                     |                                      |
|        | ■ Debtor □ Other (specify):   |  |                                     |                                      |
| 5.     | ■ I have not agreed to share the above-disclosed compensation   | on with any other person                             | n unless they are meml              | pers and associates of my law firm.  |
| I      | ☐ I have agreed to share the above-disclosed compensation w copy of the agreement, together with a list of the names of the same of the s |  |                                     |                                      |
| a<br>b | n return for the above-disclosed fee, I have agreed to render legal. Preparation and filing of any petition, schedules, statement of Representation of the debtor in adversary proceedings and of [Other provisions as needed]  Negotiations with secured creditors to reduce to agreements and applications as needed.   | of affairs and plan which<br>other contested bankrup | ch may be required;<br>tcy matters; | -                                    |
| 7. I   | By agreement with the debtor(s), the above-disclosed fee does not   |  |                                     | ef from stay actions or any          |
|        | CEF   | RTIFICATION  |                                     |                                      |
|        | certify that the foregoing is a complete statement of any agree ankruptcy proceeding.   | ment or arrangement fo                               | r payment to me for re              | presentation of the debtor(s) in     |
| Dated  | : December 26, 2007   | /s/ David J. Grue                                    |                                     |                                      |
|        |   | David J. Gruenev                                     |                                     |                                      |
|        |   | David J. Gruenev<br>PO Box 69                        | vaiu, ESq.                          |                                      |
|        |   | Manlius, NY 1310                                     |                                     |                                      |
|        |   |  | ax: 315-637-2791                    |                                      |
|        |   | agruenewaia@gr                                       | uenewaldlaw.com                     |                                      |

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF NEW YORK

## NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

### Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

- 1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

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B 201 (04/09/06)

#### Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12:** Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

### **Certificate of Attorney**

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

| David J. Gruenewald   | X /s/ David J. Gruenewald          | December 26, 2007 |  |  |  |  |  |
|---|------------------------------------|-------------------|--|--|--|--|--|
| Printed Name of Attorney  | Signature of Attorney              | Date              |  |  |  |  |  |
| Address:  |                                    |                   |  |  |  |  |  |
| PO Box 69   |                                    |                   |  |  |  |  |  |
| Manlius, NY 13104   |                                    |                   |  |  |  |  |  |
| 315-637-5033  |                                    |                   |  |  |  |  |  |
| Certificate of Debtor I (We), the debtor(s), affirm that I (we) have received and read this notice. |                                    |                   |  |  |  |  |  |
| Francis C. Migliaccio   | X /s/ Francis C. Migliaccio        | December 26, 2007 |  |  |  |  |  |
| Printed Name(s) of Debtor(s)  | Signature of Debtor                | Date              |  |  |  |  |  |
| Case No. (if known)   | X                                  |                   |  |  |  |  |  |
|   | Signature of Joint Debtor (if any) | Date              |  |  |  |  |  |

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF NEW YORK

| In re  | Francis C. Migliaccio  | ,                |    |
|--------|--|------------------|----|
|        | AKA Francis Migliaccio D.O., P.C.; DBA Francis Eye & Laser Center        |                  |    |
|        | Debtor   | Case No.         |    |
| Social | Security No(s). and all Employer's Tax Identification No(s). $\cline{l}$ | Chapter [if any] | 13 |
|        |  |                  |    |

## **CERTIFICATION OF MAILING MATRIX**

I,(we), David J. Gruenewald, the attorney for the debtor/petitioner (or, if appropriate, the debtor(s) or petitioner(s)) hereby certify under the penalties of perjury that the above/attached mailing matrix has been compared to and contains the names, addresses and zip codes of all persons and entities, as they appear on the schedules of liabilities/list of creditors/list of equity security holders, or any amendment thereto filed herewith.

| Dated: | December 26, 2007 |                                |
|--------|-------------------|--------------------------------|
|        |                   | /s/ David J. Gruenewald        |
|        |                   | David J. Gruenewald            |
|        |                   | Attorney for Debtor/Petitioner |
|        |                   | (Debtor(s)/Petitioner(s))      |

Bank of America PO Box 17054 Wilmington, DE 19884

BMW Financial Services 5515 Park Center Circle Dublin, OH 43017

Chase PO Box 15678 Wilmington, DE 19850

Chase Home Finance 3415 Vision Drive Columbus, OH 43219-6009

Chase-BP PO Box 15298 Wilmington, DE 19850

Chrysler Financial PO Box 9223 Farmington, MI 48333

Citicorp Vendor Finance, Inc. 700 East Gate Dr Mount Laurel, NJ 08054

Citifinancial Retail Svce PO Box 22066 Tempe, AZ 85285

De Lage Landen Financial Services 1111 Old Eagle School Rd Wayne, PA 19087

Deily, Mooney, Glastetter 8 Thurlow Terrace Albany, NY 12203-1006

First Lease, Inc. 185 Commerce Drive Unit 102 Fort Washington, PA 19034 First Premier Bank PO Box 5524 Sioux Falls, SD 57117-5524

Gina Migliaccio 10 Wildwood Rd New Hartford, NY 13413

GLELSI/ Academic Loan 2401 International Lane Madison, WI 53704

HSBC - Best Buy PO Box 15524 Wilmington, DE 19850

HSBC NV PO Box 5253 Carol Stream, IL 60197

M&T Bank PO Box 4983 101 South Salina St Syracuse, NY 13221-4983

NCO Financial Systems 507 Prudential Road Horsham, PA 19044

US Bancorp Manifest Funding Services 1450 Channel Pkwy Marshall, MN 56258

Volvo Collections PO Box 2848 Grand Rapids, MI 49502

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Form 22C (Chapter 13) (04/07)

| In re  | Francis C. Migliaccio | According to the calculations required by this statement:           |
|--------|-----------------------|---|
|        | Debtor(s)             | ☐ The applicable commitment period is 3 years.                      |
| Case N | umber: (If known)     | ■ The applicable commitment period is 5 years.                      |
|        | ,                     | ■ Disposable income is determined under § 1325(b)(3).               |
|        |                       | ☐ Disposable income is not determined under § 1325(b)(3).           |
|        |                       | (Check the boxes as directed in Lines 17 and 23 of this statement.) |

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

|    |  | Part I   | . F                | REPORT OF I   | INCO                              | OME                                |      |                                |          |                                |
|----|--|--|--------------------|---|-----------------------------------|------------------------------------|------|--------------------------------|----------|--------------------------------|
|    | Marit  | al/filing status. Check the box that applies   | and (              | complete the balance  | e of this                         | s part of this stater              | nent | as directed.                   |          |                                |
| 1  | a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. |  |                    |   |                                   |                                    |      |                                |          |                                |
|    | b. <b></b>   | Married. Complete both Column A ("Debto  | or's               | ncome") and Colu  | ımn B                             | ("Spouse's Incor                   | ne") | for Lines 2-10                 |          |                                |
|    | calend   | ures must reflect average monthly income rec<br>dar months prior to filing the bankruptcy case<br>If the amount of monthly income varied duri<br>n total by six, and enter the result on the appi  | , end              | ing on the last day one six months, you n                                   | of the m                          | nonth before the                   |      | Column A<br>Debtor's<br>Income | :        | Column B<br>Spouse's<br>Income |
| 2  | Gross  | s wages, salary, tips, bonuses, overtime,  | com                | missions.   |                                   |                                    | \$   | 6,874.00                       | \$       | 0.00                           |
|    | and e  | ne from the operation of a business, prof<br>nter the difference in the appropriate column(<br>Do not include any part of the operating<br>rt IV.  | s) of              | Line 3. Do not ente   | er a nur                          | mber less than                     | *    | 5,51                           | Ψ        |                                |
| 3  |  | Io   |                    | Debtor  | Φ.                                | Spouse                             |      |                                |          |                                |
|    | a.   | Gross receipts   | \$                 | 0.00  |                                   | 0.00                               |      |                                |          |                                |
|    | b.   | Ordinary and necessary business expenses   | \$                 | 0.00  |                                   | 0.00                               |      |                                |          |                                |
|    | C.   | Business income  |                    | btract Line b from L  |                                   | J                                  | \$   | 0.00                           | \$       | 0.00                           |
| 4  | the appart of  | s and other real property income. Subtract<br>opropriate column(s) of Line 4. Do not enter a<br>of the business expenses entered on Line<br>Gross receipts   | a nur<br>b a<br>\$ | mber less than zero. s a deduction in Pa  Debtor  0.00                      | Do no<br>art IV.                  | Spouse 0.00                        |      |                                |          |                                |
|    | b.   | Ordinary and necessary operating expenses  |                    | 0.00  |                                   | 0.00                               |      |                                |          |                                |
|    | C.   | Rent and other real property income  | S                  | ubtract Line b from l   | _ine a                            |                                    | \$   | 0.00                           | \$       | 0.00                           |
| 5  | Inter  | est, dividends, and royalties.   |                    |   |                                   |                                    | \$   | 0.00                           | \$       | 0.00                           |
| 6  | Pensi  | on and retirement income.  |                    |   |                                   |                                    | \$   | 0.00                           | \$       | 0.00                           |
| 7  | expe   | amounts paid by another person or entity<br>nses of the debtor or the debtor's depend<br>clude amounts paid by the debtor's spouse.  |                    |   |                                   |                                    | \$   | 0.00                           | \$       | 0.00                           |
| 8  | Hower<br>benef<br>but in   | reployment compensation. Enter the amount ver, if you contend that unemployment competit under the Social Security Act, do not list the stead state the amount in the space below:  Imployment compensation claimed to benefit under the Social Security Act | ensat<br>e am      | ion received by you   | or your                           | spouse was a                       |      |                                |          | 0.00                           |
| 9  | I ncor<br>on a s<br>Social<br>victim                                     | me from all other sources. Specify source a<br>separate page. Total and enter on Line 9. Do<br>Security Act or payments received as a victin<br>of international or domestic terrorism.  | and a              | amount. If necessar<br>include any benefi<br>a war crime, crime a<br>Debtor | y, list a<br>ts recei<br>gainst l | dditional sources<br>ved under the | \$   | 0.00                           | \$       | 0.00                           |
|    | a.<br>b.   | \$   | +                  | 9   |                                   |                                    | _    | 0.00                           | <b>c</b> | 0.00                           |
|    |  |  | Cal                |   |                                   | uos 2 through 0 in                 | \$   | 0.00                           | \$       | 0.00                           |
| 10 |  | Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).  |                    |   | \$                                | 6,874.00                           | \$   | 0.00                           |          |                                |
|    | Tota   | I. If Column B has been completed, add Line  | 10, 0              | Column A to Line 10,  | Colum                             | n B, and enter                     | \$   |                                |          | 6,874.00                       |

|           |  |       | 1               |  |  |
|-----------|--|-------|-----------------|--|--|
|           | Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOR   | )     |                 |  |  |
| 12        | Enter the amount from Line 11  | \$    | 6,874.00        |  |  |
| 13        | Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents. Otherwise, enter zero. | \$    | 0.00            |  |  |
| 14        | Subtract Line 13 from Line 12 and enter the result.  | \$    | 6,874.00        |  |  |
| 15        | Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.  | \$    | 82,488.00       |  |  |
| 16        | Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  |       | ,               |  |  |
|           | a. Enter debtor's state of residence: NY b. Enter debtor's household size: 4   | \$    | 75,513.00       |  |  |
| 17<br>Do: | <ul> <li>□ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable comparts" at the top of page 1 of this statement and continue with this statement.</li> <li>■ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable 5 years" at the top of page 1 of this statement and continue with this statement.</li> </ul>          | commi | tment period is |  |  |
|           | t III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABI   | _E    | NCOME           |  |  |
| 18        | Enter the amount from Line 11.   | \$    | 6,874.00        |  |  |
| 19        | Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents. If you are unmarried or married and filing jointly with your spouse, enter zero.  | \$    | 0.00            |  |  |
| 20        | Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.   | \$    | 6,874.00        |  |  |
| 21        | Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.  | \$    | 82,488.00       |  |  |
| 22        | Applicable median family income. Enter the amount from Line 16.  | \$    | 75,513.00       |  |  |
| 23        | Application of § 1325(b)(3). Check the applicable box and proceed as directed.  The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under \$1337(b)(3)" at the top of page 1 of this attachment and complete the remaining page of this statement.  |       |                 |  |  |

|     | Part IV. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)   |    |        |  |  |
|-----|--|----|--------|--|--|
|     | Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)  |    |        |  |  |
| 24  | National Standards: food, clothing, household supplies, personal care, and miscellaneous.  Enter the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) |    |        |  |  |
| 25A | Local Standards: housing and utilities; non-mortgage expenses. Enter amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).   | \$ | 574.00 |  |  |

| 25B |   |   |               |        |  |  |  |  |
|-----|---|---|---------------|--------|--|--|--|--|
|     | 3 3 3 1   | \$ 815.0  | <u> </u>      |        |  |  |  |  |
|     | b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47   | \$ 2,969.0  |               |        |  |  |  |  |
|     | c. Net mortgage/rental expense  | Subtract Line b from Line a.  | \$            | 0.00   |  |  |  |  |
| 26  | Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities  |   |               |        |  |  |  |  |
|     | Local Standards: transportation; vehicle operation/pub You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.   |   |               |        |  |  |  |  |
| 27  | Check the number of vehicles for which you pay the operating expenses included as a contribution to your household expenses in Line 7.  | or for which the operating expenses are   |               |        |  |  |  |  |
|     | □ 0 ■ 1 □ 2 or more.  Enter the amount from IRS Transportation Standards, Operating Costs on number of vehicles in the applicable Metropolitan Statistical Area or Cenwww.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)  |   | e<br>\$       | 311.00 |  |  |  |  |
| 28  | Local Standards: transportation ownership/lease expervehicles for which you claim an ownership/lease expense. (You may not than two vehicles.)  1   | claim an ownership/lease expense for more<br>s, Ownership Costs, First Car (available at<br>Line b the total of the Average Monthly |               |        |  |  |  |  |
|     | a. IRS Transportation Standards, Ownership Costs, First Car   | \$ 471.0  | וו            |        |  |  |  |  |
|     | Average Monthly Payment for any debts secured by Vehicle 1,   | 220.00  | $\mathbb{I}$  |        |  |  |  |  |
|     | b. as stated in Line 47 c. Net ownership/lease expense for Vehicle 1  | \$ 339.00 Subtract Line b from Line a.  | <u>'</u> ∐\$  | 132.00 |  |  |  |  |
| 29  | Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.  Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, Second Car (available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47: subtract Line b from Line a and enter the result in |   |               |        |  |  |  |  |
|     | a. IRS Transportation Standards, Ownership Costs, Second Car  | \$ 0.0  | 2             |        |  |  |  |  |
|     | Average Monthly Payment for any debts secured by Vehicle 2, b. as stated in Line 47   | \$ 0.00   | اا            |        |  |  |  |  |
|     | c. Net ownership/lease expense for Vehicle 2  | Subtract Line b from Line a.  | <u> </u>   \$ | 0.00   |  |  |  |  |
| 30  | Other Necessary Expenses: taxes. Enter the total average mol federal, state, and local taxes, other than real estate and sales taxes, so social security taxes, and Medicare taxes. Do not include real estate  | uch as income taxes, self employment taxes,   | \$            | 0.00   |  |  |  |  |
| 31  | Other Necessary Expenses: mandatory payroll deductio deductions that are required for your employment, such as mandatory runiform costs. Do not include discretionary amounts, such as non  | etirement contributions, union dues, and  | \$            | 0.00   |  |  |  |  |

| Other Necessary Expenses: controlled in line 49  Other Necessary Expenses: controlled in line 49  Other Necessary Expenses: collection for employments. Do not include payments on past due support obligations included in line 49  Other Necessary Expenses: education for employment or for a physically or mentally of the support obligations included in line 49  Other Necessary Expenses: education froir employment or for a physically or mentally or expenses or expenses of the support obligations included in line 49  Other Necessary Expenses: education froir a switching or exercise of the support obligations for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent civil for whom no public education providing similar services is available.  Solution of the part of the saving of the saving in the saving and prescribed or education from the saving similar services is available.  Other Necessary Expenses, bleath care, or fifter the average monthly amount that you actually expend on challenge and the saving        | 32   | term life               | nter average monthly premiums that you actually pay for<br>ms for insurance on your dependents, for whole life or  | <u></u>   | 0.00 |          |
|---|--|-------------------------|--|---|------|----------|
| Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of engisty-modern and for actuation that is a condition of engisty-modern and for actuation that is a condition of public obligation providing similar avoices is workload.  35 Other Necessary Expenses: Child Care: Enter the everage monthly amount that you actually expend on childcare: such as bady-string, day care, nursery and preschool. Do not include other educational payments.  36 Other Necessary Expenses: health care: Enter the everage monthly amount that you actually expend on health care expenses that fare not reimbursed by insurance or paid by a health savings account. Do not include payments for health insurance listed to line 39.  37 Other Necessary Expenses: telecommunication services. Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. Do not include payments for health insurance listed to line 39.  38 Other Necessary Expenses: telecommunication services. Enter the average monthly amount that you actually pay for telecommunication services other than your basis home teleprone service - such as cell priones, pagers, call waiting, caller id, special long distance, or internet service to the extent necessary for your health and welfare or that of your dependents. Do not include any expenses Deductions under \$ 707(b)  Note: Do not include any expenses that you have listed in Lines 24-37.  4 Health Insurance, Do not include any expenses that you have listed in Lines 24-37.  4 Health Insurance \$ 0.00  5 Lines health payments that you actually pay for yourself, your spendents in the following acting your following that you actually pay for yourself, your spenses. But you will continue to pay to run following the payments of the payments of your household or member of your finemediate family who is unable to pay for su      | 33   | Other I                 | Necessary Expenses: court-ordered pa<br>to pay pursuant to court order, such as spousal o  |   | \$   |          |
| Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care, the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. Do not include payments for health insurance listed in Line 39.  Other Necessary Expenses: telecommunication services. Enter the average monthly amount that you actually pay for telecommunication services other than your basic home telephone services - such as cell phones, pagers, call waiting, caller id. special long distance, or internet service-to the extent necessary for your health and verifier or that of your dependents. Do not include any amount previously deduction - such as cell phones, pagers, call waiting, caller id. special long distance, or internet service-to the extent necessary for your health and verifier or that of your dependents. Do not include any amount previously deduction.  Subpart B: Additional Expense Deductions under § 707 (b)  Note: Do not include any expenses that you have listed in Lines 24-37  Health I insurance, Disability Insurance, and Health Savings Account Expenses. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories.  a liealth Insurance \$ 0.000  Disability Insurance \$ 0.000  Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. So not include payments itsed in Line 34.  Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Pr      | 34   | Other I challer employm | Necessary Expenses: education for emaged child. Enter the total monthly amount the total monthly amount the total and for education that is required for a physical content. | at you actually expend for education that is a condition of   |      |          |
| Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. Do not include payments for health insurance listed in Line 39.  Other Necessary Expenses: telecommunication services. Enter the average monthly amount that you actually pay for telecommunication services other than sorvices such as cell phones, pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  Subpart B: Additional Expense Deductions under § 707(b)  Note: Do not include any expenses that you have listed in Lines 24-37  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List and total the heaverage monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories.  a Health Insurance \$ 0.00  c. Health Savings Account \$ 0.00  c. Health Savings Account \$ 0.00  c. Health Savings Account \$ 0.00  do Disability Insurance \$ 0.00  c. Health Savings Account \$ 0.00  do Disability Insurance and Present Savings Account Saving  | 35   |                         |  |   |      |          |
| Other Necessary Expenses: telecommunication services. Enter the average monthly amount that you actually pay for telecommunication services other than your basic home telephone service - such as cell phones, pagers, call waiting, caller id. special long distance, or interned service-to the actent mecessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  38 Total Expenses Allowed under LRS Standards. Enter the total of Lines 24 through 37.  Subpart B: Additional Expense Deductions under § 707(b)  Note: Do not include any expenses that you have listed in Lines 24-37.  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories.  a. Health Insurance \$ 0.000  b. Disability Insurance \$ 0.000  c. Health Savings Account \$ 0.000  c. Health Savings Account \$ 0.000  c. Health Savings Account \$ 0.000  do ridsabled member of your fousehold or farmily members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically lill, or disabled member of your household or member of your fousehold or mem   | 36   | health ca               | are expenses that are not reimbursed by insurance  |   |      |          |
| Subpart B: Additional Expense Deductions under § 707(b)  Note: Do not include any expenses that you have listed in Lines 24-37  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories.  B. Health Insurance   | 37   | actually pagers, of     | pay for telecommunication services other than yo<br>call waiting, caller id, special long distance, or inte  | ur basic home telephone service - such as cell phones,<br>ernet service-to the extent necessary for your health and |      | 0.00     |
| Subpart B: Additional Expense Deductions under § 707(b)  Note: Do not include any expenses that you have listed in Lines 24-37  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories.  B. Health Insurance   | 38   | Total E                 | xpenses Allowed under IRS Standards  | 5. Enter the total of Lines 24 through 37.  | \$   | 2,563.00 |
| Health Insurance, Disability Insurance, and Health Savings Account Expenses. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories.  39    A   |  |                         | Subpart B: Additional E  | xpense Deductions under § 707(b)  |      | ,        |
| the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories.  a. Health Insurance \$ 0.00 b. Disability Insurance \$ 0.00 c. Health Savings Account \$ 0.00 continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances for food and apparel in the IRS National Standards, not to e |  |                         | ·  |   |      |          |
| b. Disability Insurance \$ 0.00  c. Health Savings Account \$ 0.00  Total: Add Lines a, b, and c  Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.   Continued charitable contributions. Enter the am     |  | the avera               | age monthly amounts that you actually pay for yo   |   |      |          |
| c. Health Savings Account  S  O.00  Total: Add Lines a, b, and c  Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptic yourt.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.   Continued charitable contributions. E       | 39   | a.                      | Health Insurance   | \$ 0.00   |      |          |
| Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances for food and apparel in the IRS National Standards,        |  | b.                      | Disability Insurance   | \$ 0.00   |      |          |
| Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Do not include payments listed in Line 34.  Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or to exceed five percent of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or to exceed five percent of those combined allowances for food and apparel in the IRS National Standards, not to exceed five perc       |  | C.                      | Health Savings Account   | \$ 0.00   |      |          |
| expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.   Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)       |  |                         |  | Total: Add Lines a, b, and c  | \$   | 0.00     |
| Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.  Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).  **Solution**  **Output  **Description**  **Output  **       | 40   | expenses<br>or disable  | s that you will continue to pay for the reasonable<br>ed member of your household or member of your  | and necessary care and support of an elderly, chronically ill,  | ¢    | 0.00     |
| Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.  Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).  **Continued Charitable Contributions as defined in 26 U.S.C. § 170(c)(1)-(2).   | 41   | maintain                | the safety of your family under the Family Violen  | ce Prevention and Services Act or other applicable federal  |      |          |
| Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.  \$ 59.00  Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).  \$ 0.00  | Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and   |                         |  |   |      |          |
| Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.  45  Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).  \$ 0.00  | you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the  |                         |  |   |      | 0.00     |
| Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). \$ 0.00  | Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the |                         |  |   |      |          |
| , T. J.   | 45   |                         |  |   |      |          |
|   | 46   | Total A                 | dditional Expense Deductions under §   | 707(b). Enter the total of Lines 39 through 45.   |      |          |

|    | S   | subpart C: Deductions for Debt   | : Payment  |               |  |
|----|---|--|--|---------------|--|
| 47 | you own, list the name of creditor, ided<br>The Average Monthly Payment is the to<br>following the filing of the bankruptcy of                                      | claims. For each of your debts that is sect<br>ntify the property securing the debt, and st<br>otal of all amounts contractually due to eac<br>ase, divided by 60. Mortgage debts should<br>If necessary, list additional entries on a seç | tate the Average Monthly Payment.<br>The Secured Creditor in the 60 month<br>I include payments of taxes and         |               |  |
|    | Name of Creditor  | 60-month Average Payment   | 7  |               |  |
|    | Name of Greator   | Property Securing the Debt 2001 BMW  | oo month Average rayment   | 1             |  |
|    | a. BMW Financial Services   | Full Value: \$6,500  | \$ 339.00  |               |  |
|    |   | Single family residence located at 10 Wildwood Road, New Hartford, NY  |  |               |  |
|    | b. Chase Home Finance   | Full value: \$304,900  | \$ 2,969.00  | <b>-</b>      |  |
|    | c. Chrysler Financial   | 2005 Dodge Dakota  | \$ 64.75   | <b>- I</b>    |  |
|    |   |  | Total: Add Lines   | \$ 3,372.75   |  |
| 48 | your deduction 1/60th of any amount listed in Line 47, in order to maintain puthat must be paid in order to avoid repuls in necessary, list additional entries on a |  | e creditor in addition to the payment<br>nt would include any sums in defaul<br>y such amounts in the following char | t<br>t<br>rt. |  |
|    | Name of Creditor  | Property Securing the Debt   | 1/60th of the Cure Amount  | 4             |  |
|    | a. BMW Financial Services   | 2001 BMW<br>Full Value: \$6,500  | \$ 16.67   | ]             |  |
|    | Citicorp Vendor Finance,  | Computer, software, equipment, Oculus Penticam business  |  |               |  |
|    | b. Inc.   | equipment  | \$ 350.00  |               |  |
|    | c. First Lease, Inc.  | Business equipment   | \$ 183.33  | - I           |  |
|    | d. M&T Bank   | All business assets  | \$ 300.00  |               |  |
|    | US Bancorp Manifest   | Business equipment   |  |               |  |
|    | e. Funding Services   | Original Lessor: Lance Leasing Ltd   |  | -             |  |
|    |   |  | Total: Add Lines   | \$ 1,019.18   |  |
| 49 | Payments on priority claims. E alimony claims), divided by 60.  | Enter the total amount of all priority claims  | (including priority child support and  | \$ 0.00       |  |
|    | Chapter 13 administrative expresulting administrative expense.  | penses. Multiply the amount in Line a by   | the amount in Line b, and enter the  |               |  |
|    | a. Projected average monthly Chapter 13 plan payment. \$ 2,325.00   |  |  |               |  |
| 50 |   | trict as determined under schedules  | _,=_0.00   |               |  |
|    | issued by the Executive Office  | for United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of  | 6.50   |               |  |
|    |   | ve expense of Chapter 13 case  | otal: Multiply Lines a and b   | \$ 151.13     |  |
| 51 | Total Deductions for Debt Pay   | ment. Enter the total of Lines 47 through  | 1 50.  | \$ 4,543.06   |  |
|    | Subpart   | D: Total Deductions Allowed u  | nder § 707(b)(2)   |               |  |
| 52 | Total of all deductions allowed   | d under § 707(b)(2). Enter the total   | of Lines 38, 46, and 51.   | \$ 7,165.06   |  |

| Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2) |   |    |          |  |  |
|---|---|----|----------|--|--|
| 53  | Total current monthly income. Enter the amount from Line 20.  |    |          |  |  |
| 54  | Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, included in Line 7, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. | \$ | 0.00     |  |  |
| 55  | Qualified retirement deductions. Enter the monthly average of (a) all contributions or wage deductions made to qualified retirement plans, as specified in § 541(b)(7) and (b) all repayments of loans from retirement plans, as specified in § 362(b)(19).   | \$ | 0.00     |  |  |
| 56  | Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.   | \$ | 7,165.06 |  |  |
| 57  | Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, and 56 and enter the result.   | \$ | 7,165.06 |  |  |

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Form 22C (Chapter 13) (04/07) - Cont.

Monthly Disposable Income Under § 1325(b)(2). Subtract Line 57 from Line 53 and enter the result.

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Form 22C (Chapter 13) (04/07) - Cont.

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### Part VI. ADDITIONAL EXPENSE CLAIMS

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

| _  |                                |                |
|----|--------------------------------|----------------|
|    | Expense Description            | Monthly Amount |
| a. |                                | \$             |
| b. |                                | \$             |
| C. |                                | \$             |
| d. |                                | \$             |
|    | Total: Add Lines a, b, c and d | \$             |

|    |                               |                    | Pa                              | rt VII. VERIFICATION |  |
|----|-------------------------------|--------------------|---------------------------------|----------------------|--|
| 60 | I declare unde<br>must sign.) | er penalt<br>Date: | y of perjury that the informati | ·                    | /s/ Francis C. Migliaccio Francis C. Migliaccio (Debtor) |